

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>and</i>	45-	<i>5/22</i>
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/26/04
2	✓	✓	1/26/04
3	✓	✓	1/26/04
4	✓	✓	1/26/04
5	✓	✓	1/26/04
6	✓	✓	1/26/04
7	✓	✓	1/26/04
8	✓	✓	1/26/04
9	✓	✓	1/26/04
10	✓	✓	1/26/04
11	✓	✓	1/26/04
12	✓	✓	1/26/04
13	✓	✓	1/26/04
14	✓	✓	1/26/04
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If more than 150 claims or 10 actions  
staple additional sheet here

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